

Ambulatory Surgery Center of Western New York
945 Sweet Home Road, Amherst, NY 14226
Self Reporting History and Physical
Local/Non-Anesthetic Procedures

PATIENT NAME _____ SIGNATURE _____

PATIENT ADDRESS _____

RACE : Caucasian African American Hispanic Asian Native American

PATIENT PHONE# _____

PROCEDURE _____

DATE OF SURGERY _____

PRIMARY CARE PHYSICIAN NAME _____

Allergies: List all drug allergies		Other types of allergies:	
Drug	Reaction	Food or Material	Reaction
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____

CURRENT MEDICATIONS/OVER THE COUNTER VITAMINS & DOSAGES

MEDICATIONS	DOSAGES	MEDICATIONS	DOSAGES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY MAJOR MEDICAL PROBLEMS

History Reviewed and approved for surgery

MD Signature: _____